

State of Colorado  
Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203

Phone: (303) 894-2100 Fax: (303) 894-2109



FOR OGCC USE ONLY

Document Number:

403617285

Date Received:

12/07/2023

## SOURCE OF PRODUCED WATER FOR DISPOSAL

Per Rule 325.c.(5), this form shall be submitted for any new disposal facility and for any change in source of produced water for an existing disposal facility.

## OPERATOR INFORMATION

OGCC Operator Number: 10690

Name of Operator: IMPETRO RESOURCES LLC

Address: 558 CASTLE PINES PKWY UNIT B-4

City: CASTLE PINES State: CO Zip: 80108

Contact Name and Telephone:

Name: Brent Bongers

Phone: (316) 935-5633 Fax: ( )

Email: bbongers@impetroresources.com

## DISPOSAL FACILITY INFORMATION

UIC Facility ID: 150116

Operator's Disposal Facility Name: JONES-DUPREE 9

Operator's Disposal Facility Number:

Location: QtrQtr: NWNE Sec: 26 Twp: 3S Range: 51W Meridian: 6

County: WASHINGTON

## SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 7 Deleted: 0 Added: 7

## SOURCE OF PRODUCED WATER

Add Source	API Number: 05-121-05414-00	Well Name & No: JONES-DUPREE 3
<input checked="" type="checkbox"/>	Operator Name: IMPETRO RESOURCES LLC	Operator No: 10690
Delete Source	Location: QtrQtr: SENW Section: 26 Township: 3S Range: 51W Meridian: 6	
<input type="checkbox"/>	Producing Formation: JSND Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Transported to disposal site via <input checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both	TDS: _____ mg/L
Add Source	API Number: 05-121-05435-00	Well Name & No: JONES J W 1
<input checked="" type="checkbox"/>	Operator Name: IMPETRO RESOURCES LLC	Operator No: 10690
Delete Source	Location: QtrQtr: NWNW Section: 25 Township: 3S Range: 51W Meridian: 6	
<input type="checkbox"/>	Producing Formation: JSND Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Transported to disposal site via <input checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both	TDS: _____ mg/L
Add Source	API Number: 05-121-08883-00	Well Name & No: JONES J W 2
<input checked="" type="checkbox"/>	Operator Name: IMPETRO RESOURCES LLC	Operator No: 10690
Delete Source	Location: QtrQtr: SWNW Section: 25 Township: 3S Range: 51W Meridian: 6	
<input type="checkbox"/>	Producing Formation: JSND Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Transported to disposal site via <input checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both	TDS: _____ mg/L
Add Source	API Number: 05-121-08884-00	Well Name & No: JONES-DUPREE 7
<input checked="" type="checkbox"/>	Operator Name: IMPETRO RESOURCES LLC	Operator No: 10690
Delete Source	Location: QtrQtr: SENE Section: 26 Township: 3S Range: 51W Meridian: 6	
<input type="checkbox"/>	Producing Formation: J-3 Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Transported to disposal site via <input checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both	TDS: _____ mg/L

Add Source <input checked="" type="checkbox"/>	API Number: <u>05-121-10487-00</u>	Well Name & No: <u>JONES 33-26</u>
	Operator Name: <u>IMPETRO RESOURCES LLC</u>	Operator No: <u>10690</u>
Delete Source <input type="checkbox"/>	Location: QtrQtr: <u>NWSE</u> Section: <u>26</u> Township: <u>3S</u> Range: <u>51W</u> Meridian: <u>6</u>	
	Producing Formation: <u>JSND</u> Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Transported to disposal site via <input checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both TDS: _____ mg/L	

  

Add Source <input checked="" type="checkbox"/>	API Number: <u>05-121-10881-00</u>	Well Name & No: <u>JONES 34-26</u>
	Operator Name: <u>IMPETRO RESOURCES LLC</u>	Operator No: <u>10690</u>
Delete Source <input type="checkbox"/>	Location: QtrQtr: <u>NWSE</u> Section: <u>26</u> Township: <u>3S</u> Range: <u>51W</u> Meridian: <u>6</u>	
	Producing Formation: <u>JSND</u> Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Transported to disposal site via <input checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both TDS: _____ mg/L	

  

Add Source <input checked="" type="checkbox"/>	API Number: <u>05-121-11020-00</u>	Well Name & No: <u>Jones Dupree 32-26A</u>
	Operator Name: <u>IMPETRO RESOURCES LLC</u>	Operator No: <u>10690</u>
Delete Source <input type="checkbox"/>	Location: QtrQtr: <u>SWNE</u> Section: <u>26</u> Township: <u>3S</u> Range: <u>51W</u> Meridian: <u>6</u>	
	Producing Formation: <u>JSND</u> Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Transported to disposal site via <input checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both TDS: _____ mg/L	

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Amber Barnett Signed: \_\_\_\_\_  
 Title: Compliance Specialist Date: 12/07/2023

ECMC Approved:  Date: 03/19/2024

**CONDITIONS OF APPROVAL, IF ANY:**

COA Type	Description
0 COA	

**Attachment List**

Att Doc Num	Name
403617285	FORM 26 SUBMITTED
403617290	Source of Produced Water Import

Total Attach: 2 Files

**General Comments**

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)